

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective upon approval _____.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | _____ | _____ |
| | Commercial | _____ | _____ |
| 2. | Automobile Physical Damag Private Passenger | _____ | _____ |
| | Commercial | _____ | _____ |
| 3. | Liability Other Than Auto | _____ | _____ |
| 4. | Burglary and Theft | _____ | _____ |
| 5. | Glass | _____ | _____ |
| 6. | Fidelity | _____ | _____ |
| 7. | Surety | _____ | _____ |
| 8. | Boiler and Machinery | _____ | _____ |
| 9. | Fire | _____ | _____ |
| 10. | Extended Coverage | _____ | _____ |
| 11. | Inland Marine | _____ | _____ |
| 12. | Homeowners | _____ | _____ |
| 13. | Commercial Multi-Peril | _____ | _____ |
| 14. | Crop Hail | _____ | _____ |
| 15. | Other Medical Malpractice | \$232,180 | +10% |
| | Life of Insurance | _____ | _____ |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We are filing a rate increase for our independently filed
Podiatrists Professional Liability program. Our intention is to increase base rates by ten percent.
We have provided actuarial support for this rate increase and request approval at the earliest date

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

ACE American Insurance Company

Name of Company

Robert Reilly - Vice President

Official - Title